1KG	(Column 1)			10 039,93
GASIC FEE (37 OFR 1.16(a)) TOTAL CLAIMS	NUMBER FILED	(Column 2)	SMALL ENTITY	OR OTHER THAN
(37 CFR 1.16(C)) INDEPENDENT CLAIMS (37 CFR 1.16(b))	22 minus 20 =		s s	OR RATE - FR
MULTIPLE DEPENDENT	CLAIMPRESENT . (37 CFR	1 16(d)	x s 100 =	OR x 50.
If the difference in colum	nn 1 is less than zero, enter -0- in	column 2	15.18Q	OR +360
	AS AS AMENDED - PAR		1012	OR FOTAL
T dial AME T dial AME T dial AME T dial Independent (31 cfr 1.15(1))	COUNTY (COUNTY) MAINING AFTER PAEVIO PAID PAID PAID PAID PAID PAID PAID PAID	PRESENT USLY EXTRA	SMALL ENTITY RATE ADDITIONAL FEE x s 25 = x s 100	OR OTHER THAN SMALL ENTITY RATE ADD TIONL FE OR X 5 50 =
. (Colu	τι∩ t)		L+s_18()= 1 / \ \	PR + 300
REMA AFT AMEND OI ORA (.1801) Independent OI OFF (.1801)	INING HIGHES' NUMBER PREVIOUS PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAL FEE	RATE ADDITIONAL
FIRST PRESENTATION OF A	AULTIPLE DEPENDENT CLAIM (37		OR + \$ 180 = OR	x 5 50 = x 5 200 d + 360 Q
CColumn CLAIN REMAIN	IS (Column 2)	(Columa 3)	TOTAL OR	TOTAL AOD'L FEE
Total Total	PREVIOUSLY PAID FOR		RATE ADDI. TIONAL FEE	RATE ADDI- TIONAL FEE
	LTIPLE DEPENDENT CLAM (31 C	= K	OR OR OR	x s 200 2
"If the entry in column 1 is les	s than the entry in column 2, writ ously Paid For IN THIS SPACE	TO AD	TAL OR OLFEE	TOTAL ADDIFEE

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

The Highest Number Previously Paid For IN THIS SPACE is less than 1, enter 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the amount of time you require to complete dapplication form to the USPTO. Time will vary depending upon the individual case. Any complete this form and/or suggestions for rebusing burden, should be sent to the Complete this form and/or suggestions for rebusing this burden, should be sent to the Complete this form and/or suggestions for rebusing this burden, should be sent to the Complete this form and/or suggestions for rebusing this burden, should be sent to the Complete this formation Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS